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2009-277-T
2008-182-T

CLASS C REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 6/14/10

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 7982
- ☐ Charter Certificate Number _____
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on Oct. 14, 2009 because I did
(DATE)
not received my mail.

I am seeking reinstatement because My car was not in operation from
June, 2009 - March 2010. I was keep the insurance on the
car, because I did not want to loss my number.

State Taxi DBA Mary Lee Cooper
(Name of Company) (if applicable)

448 E. Siesta Dr.
(Street Address)

(Mailing Address if different from Street Address)

Florence, SC 29505
(City, State, Zip Code)

Mary Lee Cooper
(Signature)

843 - 610 - 4039
(Telephone Number)

Owner
(Title) Owner, President, etc.